

Address to: Commissioner of Patents and Trademarks Box M. Fee Washington, D.C. 20231

Washington, D.C. 20231 Please recognize as the "F	ee Address" under the provision	ons of 37 CFR 1.363 the follow	ing address:
LEONARD 1080Z BRA DALLAS, T	INCH DAKS CR		•••••••••••••••••••••••••••••••••••••••
Payor Number if assigned		Payor's Telephone Number	219-369-3558
in the following listed appli	cation(s) or patent(s) for which	the Issue Fee has been paid.	
PATENT NUMBER (if known)	APPLICATION NUMBER	PATENT DATE (if known)	U.S. FILING DATE
(check one) Patentee Owner of record Owner's attorney or age Assignment recorded at I	ent of record (Reg. No.) Reel Frame	LEONARD Typed or p 11 / 11 / Da	gnature D GOJER ginted name D 3 ate ANCH DAKE CR

Patent and Trademark Office, U.S.DEPARTMENT OF COMMERCE

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PATENT APPLICATION TRA	NSMITTAL L	ETTER	Docket Numb	per (Optional)			
The state of the s							
To the Commissioner of Patents and Traden	narks:						
Transmitted herewith for filing under 35 U.S.C. 111 and 37 CFR 1.53 is the patent application of							
I EONARD GOTE	FR						
LEONARD GOVER entitled COIL SYSTEM FOR PLASMA CONTAINMENT							
entitled Corc							
Enclosed are: pages of written description, claims and abstract. sheets of drawings. an assignment of the invention to LEONARD GOVER							
executed declaration of the inventors. A certified copy of a PATENT			liantian				
associate power of attorney.		арр	lication.				
a verified statement to establish small entity	status under 37 0	CFR 1.9 and 1.27.					
information disclosure statement							
preliminary amendment							
other:	•	•					
	CLAIMS	AS FILED	· · · · · · · ·				
	NUMBER FILED	NUMBER EXTRA	RATE	FEE			
BASIC FEE			\$710	\$710			
TOTAL CLAIMS	- 20 =	*	x \$22				
INDEPENDENT CLAIMS	- 3 =	•	x \$74				
MULTIPLE DEPENDENT CLAIM PRESENT			\$230				
* NUMBER EXTRA MUST BE ZERO OR LARGER		T	OTAL	\$			
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.							
CREDIT CARD A check in the amount of \$ 752	to cover th	ne filing fee is enc	losed.				
The Commissioner is hereby authorized to charge and credit Deposit Account							
No. VISA CARD as described below. I have enclosed a duplicate copy of this sheet. Charge the amount of \$ 750 as filing fee.							
Charge the amount of \$ as ming ree. Credit any overpayment.							
Charge any additional filing fees required under 37 CFR 1.16 and 1.17.							
Charge the issue fee set in 37 CFR 1.18 at the mailing of the Notice of							
Allowance, pursuant to 37 CFR 1.311(b).							
Date Date Signature LEONARD GOJER							
Typed or printed name 10802 BRANCH OAKS CR							
DALLAS, Address 75230							
		•					

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

MAINTENANCE FEE TRANSMITTAL FORM Address to: I hereby certify that this correspondence is being deposited with the United States Postal Commissioner of Patents and Trademarks Service as first class mail in an envelope address to "Commissioner of Patents and Box Maree Washington, Page 231 Signature Llouord Typed or printed name LEONARD Enclosed herewith is the payment of the maintenance fee(s) for the listed patent(s). 1. A check for the amount of \$ _____ for the full payment of the maintenance fee(s) and any necessary surcharge on the following patents is enclosed. 2. The Commissioner is hereby authorized to charge \$ U/SA CARD to cover the payment of the fee(s) indicated below to Deposit Account No. ______.
The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s) or credit any overpayment to Deposit Account No. * Information required by 37 CFR 1.366(c)(columns 1 & 5), Information requested under 37 CFR 1.366(d) (columns 2-4 & 6-9) Maintenance Patent Code Fee Amount Surcharge U.S. Application **Patent Date** Application Payment Small Entity? ltem Number* (806 (37 CFR 1.20) Amount Number mm/dd/yy Filing Date Ýear [06/555,555] below) mm/dd/yy 6 2 7 340 170 1.161 2 3 4 5 6 7 8 3 10 170 Sub-totals __ Columns 3 & 4 Total Payment 750 Use additional sheets for listing additional patents. Maintenance Fee Codes: 187.....Surcharge after expiration [For Office Accounting Use Only]

[a chair according to the chair

Respectfully submitted**;

PAYOR'S NUMBER (if assigned) _

FEE ADDRESS __

OZ BRANCH OARLS CR

(Payor's name):

CACCAS IN 13030

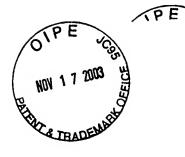
(Payor's Signature):

Note: All correspondence will be lowerded to the "Fee Address" or to the "Correspondence Address" if no "Fee Address" has been provided, 37 CFR 1,363.

"WHERE MAINTENANCE FEE PAYMENTS ARE TO BE MADE BY AUTHORIZATION T CHARGE A DEPOSIT ACCOUNT, PAYOR'S NAME AND SIGNATURE SHOULD BOTH APPEAR IN THE BOTTOM LEFT CORNER OF THIS FORM.

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Request for Payor Number

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To the Commissioner of Patents and Trademarks:

Please assign a Payor Number to the Fee Address indicated below:

(May be completed by the individual or organization which will be responsible for paying maintenance fees.)

Fee Address:

LEONARD GOJER 1080Z BRANCH OAKS CR DALLAS, TX 75230

Payor's name: LEONARD	GOVER	
Payors Telephone number: 2/4-3	369-3558	
Name of person signing request: LEC	Lemnel Horn	11/11/03
Respectfully submitted	(Signature)	(Date)

(Note: Any Patent and Trademark Office notices relating to maintenance fees in a particular patent will be mailed to the "Fee Address" set forth in 37 CFR 1.363 of record in that particular patent. The entry of a "Fee Address" in a particular patent, or application in which the issue fee has been paid must be requested by filing a paper identifying the patent or application and signed by the owner of record or attorney or agent of record.)

(Also form PTO-1550)

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